



CENTRON SECURITY SERVICES

Daily Security Report

Client No. 2036	Client Name O.H. MATERIALS	Location 1004 Oswego St. Utica, N.Y.	Date 8/28/87											
Facility Equipment N/A	Delay Clock N/A	Weapon No. N/A	Holster N/A	Nightstick N/A	Raincoat 1	Flashlight 2	Other RADIO/2KEYS/Log BOOK							
Officers: Fully explain all items marked "Yes" with time and all detail. For additional space use reverse side and attach incident reports.		Officer—Day Shift (Name) Kenneth Fielitz		Officer—Swing Shift (Name) Patrick W. Mathena		Officer—Grave Shift (Name) Dick Kozoski								
Shift Began 8 AM Ended 1600 PM		Shift Began 4 AM Ended 12 PM		Shift Began 12 AM Ended 8 AM										
Observations or actions taken	Yes	No	Explanation	Yes	No	Explanation	Yes	No	Explanation					
Rounds or stations missed		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>						
Unlocked doors, gates or windows		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>						
Unlocked vaults or safes		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>						
Fire-smoke-or hazards		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>						
1. Extinguishers missing or defective		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>						
2. Sprinkler system defective		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>						
3. Fire doors or exits blocked		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>						
4. Rubbish accumulation		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>						
5. Motors running		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>						
6. Lights left burning		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	Lights on-2000		<input checked="" type="checkbox"/>	LIGHTS OUT.					
Injury hazards		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	0600.					
Visitors	EPA & OHM people on site.				<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	OHM & EPA					
Trespassing		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	PEOPLE ON SITE					
Violation of company rules		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>						
Remarks 6847-Cady - Sub. prepared (0855-Int. out.)														
IMPORTANT: If you were ill or injured please explain on the reverse side of this form and call your supervisor before leaving this post.														
1. Were you injured during this tour?	Day Shift	1.	2.	3.	Swing Shift	1.	2.	3.	Grave Shift	1.	2.	3.		
Yes	<input checked="" type="checkbox"/>	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
2. Did you suffer any illness?	Yes	<input checked="" type="checkbox"/>	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3. Have you reported all accidents coming to your attention?	Yes	<input checked="" type="checkbox"/>	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Signatures	1.	Kenneth Fielitz			1.	Patrick W. Mathena			1.	Dick Kozoski				
Signatures	2.				2.				2.					
Signatures	3.				3.				3.					

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